

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			10				TOTAL DEP.						
TOTAL CLAIMS			12				TOTAL CLAIMS						